BEST AVAILABLE COPY

•								Application or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09882082																				
CLAIMS AS FILED - PART I								SMALL ER												
(Column 1) (Column 2)								TYPE			OTHER THAN OR SMALL ENTITY									
TOTAL CLAIMS			239	7-				RATE	FEE		RATE	FI	EE							
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710).00							
TOTAL CHARGEABLE CLAIMS			32 7 m i	nus 20=	• 3			X\$ 9=		OR	X\$18=	54								
INDEPENDENT CLAIMS			TO m	inus 3 =	· 4			X40=		OR	X80=	320								
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=										
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	10	84							
CLAIMS AS AMENDED - PART II									1.1.1.11	•	OTHER									
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	ENTITY	OR	SMALL	ENT	TY							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE							
	Total	. २१	Minus	** 6	$\overline{\Omega}$	=		X\$ 9=		OR	X\$18=									
	Independent	. 7	Minus	***		=		X40=		OR	X80=									
Ļ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		'	+135=	,	OR	+270=									
						•		TOTAL ADDIT. FEE	-	OR	TOTAL ADDIT, FEE									
		(Column 1)	(Column 3)		70011.1 22															
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE							
	Total	.24	Minus	A		=		X\$ 9=		OR	X\$18=									
	Independent	NTATION OF MI	Minus	PENDENI	CLAIM	= '/	$\ \ $	X40=		OR	X8 2 ■	5	86							
	THOTTHESE	INTATION OF IM	JEIN EE DE	LINDEIN	OLANIVI		, [+135=		OR	+270=									
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	5	86							
		(Column 1)		(Colu	mn 2)	(Column 3)		10011. I EE I			ADDII. 1 EE									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE							
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=		X40=			X80=									
كا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.,,,,		OR										
				,				+135=		OR	+270=									
**	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously P	aid For IN TH aid For IN TH	IS SPACE I	is less tha is less tha	n 20, enter "20. In 3, enter "3."		* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												